Alberta Heritage Foundation
for Medical Research

REVIEW OF HEALTH TECHNOLOGY ASSESSMENT PRODUCTS 2003 - 2004

David Hailey

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IP-23 Information Paper

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Comments relative to the information in this paper are welcome and should be sent to:

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CONFLICT OF INTEREST

Conflict of interest is considered to be financial interest, either direct or indirect, that would be affected by the research contained in this report, or creation of a situation where an author's judgement could be unduly influenced by a secondary interest such as personal advancement.

Based on the statement above, no conflict of interest exists with the author of this report.

The views expressed in the final report are those of the Foundation.

AHFMR is a member of the International Network of Agencies for Health Technology Assessment (INAHTA)

GLOSSARY

AHW: Alberta Health and Wellness

CHR: Calgary Health Region

HTAU: Health Technology Assessment Unit

INAHTA: International Network of Agencies for Health Technology Assessment

IS: Information Services

RHA: Regional Health Authority

CONTENTS

TABLES

INTRODUCTION

The activities of the HTA Unit in 2002–2003, as reflected in various types of reports it had produced and related dissemination activities, were reviewed in a paper published in 2004 [1]. The paper provided an overview of the effectiveness of the Unit as an aid to its future management, drawing on concepts outlined in an HTA Initiatives publication [2].

The present paper is a follow up to the earlier work and considers some of the publications produced and related activities of the Unit during 2003–2004. The scope is narrower than in the previous report as the very rapid assessment series (QwikNotes) and educational products have not been considered. However, the review of activities has been complemented by a survey of HTA Unit clients on the influence of assessment products on decision making. A summary of the survey results [3] has been included in the report, and some details of the survey are compared with results obtained from the HTA Unit.

APPROACH

The scope of the report was discussed during late 2004 and it was eventually decided to review reports in the Health Technology Assessment Series, TechNotes and Information Papers that had been completed during 2003-04 (April 2003 to March 2004 inclusive).

The approach taken was similar to that for the previous paper. Minor changes were made to the information collection form used for the 2002–2003 products. Unit staff then used the revised form (Appendix A) to provide details of the products for which they had been responsible. The findings of this paper were presented at a staff workshop in January 2005 with a view to informing a discussion about opportunities for improvement.

As in the previous overview paper, the information provided by HTA Unit staff was used to provide summaries of various areas related to the preparation and use of the products. Most of the details in the paper relate to Formulation of HTA questions, HTA products, Dissemination, and Influence of HTA. Reference is also made to Governance, Resources, Staff and structure and Collaborative and contractual inputs.

HTA UNIT PRODUCTS

Eleven assessment products completed in 2003–04 are listed by category in Table 1. Three of these were in the Health Technology Assessment series, there were six TechNotes and two Information Papers.

Table 1: Assessment products 2003 – 04

Health Technology Assessments
01 Guo B, Harstall C, Corabian P. *Islet cell transplantation for the treatment of non-uremic type, diabetic patients with severe hypoglycemia*. April 2003
02 Scott A, Corabian P. *Surgical treatments for deep venous incompetence.* July 2003
03 Corabian P, Scott A. *Ovulation induction drug therapy for anovulatory infertility due to polycystic ovary syndrome*. March 2004
TechNotes
04 Scott A. *Optical coherence tomography*. August 2003
05 Corabian P, Harstall C. *Sclerotherapy for varicose veins.* October 2003
06 Harstall C. *Cannabis for non–malignant pain.* February 2004
07 Corabian P. *Botulinum toxin type A injection for achalasia and anal fissure*. March 2004
08 Moga C. *Botulinum toxin type A injection into the iliopsoas muscle*. March 2004
09 Scott A. *Adult–adult liver donor transplantation.* March 2004
Information Papers
10 Ohinmaa A. *Cost estimation of stereotactic radiosurgery*. May 2003
11 Scott A. *Interventional intraoperative MRI.* March 2004

SOURCES OF REQUESTS

Sources of requests for assessments are shown in Table 2. Alberta Health and Wellness was the dominant client.

Table 2: Sources of requests for HTA products

	AHW	RHAs	AHW + RHAs
HTA report	3 [a]		
TechNote	5		1 [b]
Information paper	1	1	
Totals	**9**	**1**	**1**

a. One originally on behalf of Medical Benefits Subcommittee, completed on a topic formulated within HTAU

b. Chronic Pain Information Sharing Group

FORMULATION OF HTA QUESTIONS

Information on the specification of the assessment products, including details of the issues that were to be addressed, is given in Table 3. In all cases there was discussion to confirm or clarify the nature of the request (e-mail, telephone and face to face). Most of the questions were framed in terms of evidence of effectiveness or current status of various technologies, sometimes in association with safety issues. Cost issues were referred to in two products and access issues for one. In four cases, the product was a follow up to previous assessment by AHFMR or was intended as a precursor to further work on a topic.

The specification for the TechNote on sclerotherapy seemed extensive for a short term/urgent publication.

Table 3: Questions or issues addressed

Product	Question / issue	Related AHFMR products
Health Technology Assessments		
01 Islet cell transplantation	Whether islet cell transplantation is a standard of medical care for sub-groups of persons with type 1 diabetes and severe hypoglycemia	
02 Surgical treatments for deep venous incompetence	Short- and long-term efficacy/effectiveness	TechNote 34, March 2002
03 Ovulation induction drug therapy	Which ovulation induction drug therapy could be a safe and effective procedure to manage anovulatory infertility associated with polycystic ovary syndrome in women of reproductive age. (original question/issue was the safety and efficacy/effectiveness of the technology)	
04 Optical coherence tomography	Whether OCT is still considered experimental. If not, whether there are conditions or restrictions for its use.	

Table 3: Questions or issues addressed (cont'd)

Product	Question / issue	Related AHFMR products
TechNotes		
05 Sclerotherapy for varicose veins	Whether there are standards to determine when the treatment for varicose veins is medically necessary and when it is cosmetic. Whether sclerotherapy is effective as a treatment for varicose veins. If so, whether one approach is more effective and for which group of patients (symptomatic, asymptomatic). Whether new approaches or variations of sclerotherapy are emerging.	Follow up HTA report in 2004
06 Cannabis for non–malignant pain	The current evidence on the efficacy/ effectiveness of cannabis or cannabinoids for the management of non-malignant chronic pain. The feasibility of their use by patients in rural communities.	Part of chronic pain initiative – other reports on trigger point injections; COX 2 inhibitors, gabapentin
07 Botox type A injection for achalasia and anal fissure	The current status (safety and efficacy) of using botulinum toxin type A (BTX-A) injection alone in patients with achalasia or anal fissure when compared to other treatments or placebo.	
08 Botox type A injection into the iliopsoas muscle	Efficacy/effectiveness and safety of botulinum toxin type A injection into the iliopsoas muscle for the treatment of various conditions.	
09 Adult–adult liver donor transplantation	Whether adult to adult live liver donation is considered experimental or if it is a clinically proven procedure.	
10 Cost estimation of stereotactic radiosurgery	The most cost-effective way to offer SRS services to neurosurgical patients in Alberta who are appropriate for SRS. To provide cost estimates for three main SRS technologies.	Information paper 12 Stereotactic radiosurgery update, 2002. Several earlier publications
11 Intraoperative MRI	The use of real-time magnetic resonance imaging during interventional and surgical procedures with respect to safety, efficacy/effectiveness, cost, and utilisation within Canada.	

Timelines

Timelines for the externally refereed products are shown in Table 4. The first of the HTA assessments, on islet cell transplantation, was started as a TechNote and the scope was then changed. Overall, timelines for this and for the report on surgical treatments for deep venous incompetence were reasonable for major reports.

The report on ovulation induction drug therapy had a complex history, with apparent loss of interest by the client after considerable work had been done and then re–casting of its scope within the Unit. Delay associated with this process was compounded by the very long time taken for external review and publication. This was, in part, associated with non–response from a reviewer and points to a management aspect of the review process that needs to be borne in mind.

The Information Paper on stereotactic radiosurgery was somewhat delayed because of a perceived need for an extended internal review process for this publication. The second IP was completed promptly for such a detailed report.

Table 4: Timelines for externally refereed products

Product	Expected timelines, months	Actual timelines, months	Time from start to review, months	Time for review & publication, months	Comments
01 Islet cell transplantation (a) TechNote	2.5	2.5	Not applicable		Initial work as TechNote, continued as full HTA
(b) HTA series	Not specified	6	3	3	
02 Surgical treatments for deep venous incompetence	Not clear	12	8	4	
03 Ovulation induction drug therapy (a) original request	6	Not completed	Not applicable	Not applicable	Decreased interest from client 34 months from original approach
(b) revised specification	Not clear	5 (plus time spent on original)	11	> 16	
10 Cost estimation of stereotactic radiosurgery	9	14	10	4	Protracted internal review and revision
11 Intraoperative MRI	5	7	4	3	Originally intended as TechNote

The timelines for the TechNotes are shown in Table 5. They seem reasonable considering the circumstances of the requests and the detailed questions that were addressed in some cases.

Table 5: Timelines for TechNotes

Product	Expected timelines, months	Actual timelines, months	Comments
04 Optical coherence tomography	3	2	
05 Sclerotherapy for varicose veins	3.5	4	Publication delayed 3 mo after completion at request of client
06 Cannabis for non–malignant pain	3	4	Brief external review
07 Botox type A injection for achalasia and anal fissure	3.5	5	Modification of topic in discussion with client
08 Botox type A injection into the iliopsoas muscle	4	5	
09 Adult–adult liver donor transplantation	4	4	

ASSESSMENT PRODUCTS

Allocation to different series

Table 6 gives the reasons why the products were assigned to particular publication series. The comments and queries are included to provide points for discussion, recognizing that decisions on allocation to series may be influenced by a number of factors.

Two of the HTA reports were follow ups to earlier TechNotes, at the request of the client, giving a progression to more comprehensive coverage of the topics. With the third, potential for use in coverage decision making would apply also to TechNotes so the rationale is less clear.

For the TechNotes, those on OCT and Botox A seemed typical for this series, meeting relatively urgent client demands with prompt assessments. The request for the sclerotherapy assessment seemed demanding for a TechNote and considerable effort was made to meet the client's specification. The report on cannabis for non–malignant pain continued the series of publications on pain management. Queries here are the extent to which an assessment was actually appropriate, given data limitations and apparently limited influence. Also, there was some external review of this publication. With the liver donor transplantation report, there was appropriate recognition of a forthcoming report from another agency. A possible issue is whether the topic was sufficiently urgent for the client to justify preparation of the report prior to availability of the other publication.

Both the Information Papers include assessment material and considerable "added value". Allocation of these reports to that series is hard to understand.

Table 6: Allocation of products to publication series

Product	Reason for this type (series) of report	Comments and queries
Health Technology Assessments		
01 Islet cell transplantation	A presentation on the TechNote was given to AHW; decision then made by committee members to move to a full assessment	Progression from preliminary report to full assessment
02 Surgical treatments for deep venous incompetence	TechNote 34 completed on this topic in March 2002. More information and an externally reviewed document was requested.	Progression from preliminary report to full assessment
03 Ovulation induction drug therapy	Potential for use in coverage decision making.	Was that sufficient reason to go to a full assessment?

Table 6: Allocation of products to publication series (cont)

Product	Reason for this type (series) of report	Comments and queries
TechNotes		
04 Optical coherence tomography	AH&W had already done a few informal searches for background information so a QwikNote was not appropriate.	Moving beyond 'information request' stage to a formal assessment
05 Sclerotherapy for varicose veins	Timeline	One where the timeline seemed demanding, given the detail of the request
06 Cannabis for non–malignant pain	Decision by Chronic Pain Information Sharing Group that this was appropriate level of comprehensiveness as there were no studies on Cannabis and a few on Cannabinoids.	Perhaps a query on the extent to which this information was needed via an assessment. Also, why a TechNote if it was externally reviewed?
07 Botox type A injection for achalasia and anal fissure	Due to the timeline	Presumed urgency for the client
08 Botox type A injection into the iliopsoas muscle	Due to the timeline	Presumed urgency for the client
09 Adult–adult liver donor transplantation	1) Large review being done concurrently by ASERNIP-S, which was due out in 2004. Doing a TechNote seemed a good way to avoid duplication of effort and to still provide useful interim information for the requestor. 2) This did not appear to be a high priority issue for the requestor	Appropriate identification of relevant work from another agency. But if not high priority, was an assessment really needed?
Information Papers		
10 Cost estimation of stereotactic radiosurgery	Primary study using Alberta costing data where possible.	If this was a primary study, with detailed cost analysis, there was substantial assessment. Why is it classified as an IP?
11 Intraoperative MRI	Started out as a TechNote because of the dearth of literature on the subject, but the addition of a survey of where IMRI machines are located in Canada upgraded it to an Information Paper.	This started out as an assessment, addition of a survey "upgraded" it to a non–assessment. Allocation is hard to understand, given the value added nature of the publication.

Collaborators and contractors

The report on cost estimation of stereotactic radiosurgery had an external author from the Department of Public Health Sciences, University of Alberta. A contractor from BC with previous involvement in pain management assessments is given as a co–author for

the TechNote on cannabis for non – malignant pain, but is not mentioned in that document or in the publication list on the AHFMR website. A contractor was used to undertake the survey for the report on IMRI. For eight of the 11 HTA products advice and information was provided by health care professionals.

IS support for some products was provided by a person from CCOHTA.

Issues addressed

Issues addressed in assessment products are indicated in Table 7. Safety, efficacy and effectiveness were the most common topic areas. Four products made some reference to economic issues, one of these reports being a detailed cost analysis. Three reports considered access, one addressed ethical issues, and one social issues. In all cases, issues addressed matched the product specifications determined with the client.

Preliminary responses from the client survey are given in Table 8. They only partially matched those from HTAU in this area:

- HTA 33 – Comments on economic impact, access, social and ethical issues, which according to HTAU were not addressed.
- TN 42 - Survey response includes economic impact, which was not addressed.
- HTA 31 and TechNotes. All of these addressed safety, but there were no responses on that in the survey. TN 41 and TN 45 considered economic impact, but there was no survey response. There was a response on ethical impact but IN this group of publications, that aspect was addressed only by TN 45.
- IP 17 – This report also addressed access, there was no survey response on that.
- TN40 – The Unit and survey responses matched well, though there was an "Other" item recorded by HTAU, referring to availability of standards to determine medical necessity. "Other" responses for HTA 33 and IP 17 are given in the survey - these are to be clarified.

Table 7: Issues addressed in HTA products

Topic	Safety	Efficacy	Effectiveness	Economic	Access	Social	Ethical	Other
HTA series								
01 Islet cell transplantation	X	X	X					
02 Surgical treatments for deep venous incompetence	X	X	X					
03 Ovulation induction drug therapy	X	X	X					
TechNotes								
04 Optical coherence tomography	X	X	X	X				
05 Sclerotherapy for varicose veins	X	X	X					x
06 Cannabis for non–malignant pain	X	X	X		X			
07 Botox type A injection for achalasia and anal fissure	X	X	X					

Table 7: Issues addressed in HTA products (cont'd)

Topic	Safety	Efficacy	Effectiveness	Economic	Access	Social	Ethical	Other
Information papers								
08 Botox type A injection into the iliopsoas muscle	X	X	X					
09 Adult–adult liver donor transplantation	X	X	X	X			X	
10 Cost estimation of stereotactic radiosurgery				X	X	X		
11 Intraoperative MRI	X	X	X	X	X			

Table 8: Client survey responses –
"What issues was the report intended to address and, in your opinion, how well did the report address these issues?"*

ID	Safety	Efficacy/ Effectiveness	Economic Impact	Access	Social	Ethical	Other
01, 04, 07-09	-	Well enough	-	-	-	Well enough	-
03 Ovulation induction drug therapy	Very well	Very well	Well enough	Well enough	Well enough	Well enough	Very well
05 Sclerotherapy for varicose veins	Very well	Very well	-	-	-	-	-
06 Cannabis for non-malignant pain	Well enough	Very well	Well enough	Well enough	-	-	-
11 Intraoperative MRI	Very well	Well enough	Well enough	-	-	-	Very well

* Table taken from R Thornley. HTA Unit client survey summary results. December 2004 (for full summary see Appendix B)

Approaches taken

Systematic reviews were undertaken for all the Health Technology Assessment reports. The TechNotes and one IP were based on narrative reviews, with the other IP including a cost analysis plus some narrative review material.

As with the publications considered in the report on 2002–03 activities, the approaches taken appear to have been appropriate. Also, with the narrative reviews used for some products there was again careful consideration of selection criteria and appraisal of quality.

Detailed internal review by Unit staff was undertaken for all products.

Conclusions reached in HTA products

Table 9 lists brief summaries of the conclusions reached in the HTA products and also the questions or issues that they addressed. The conclusions reached matched the questions that were asked. As noted previously, there were changes in scope for some projects after they had commenced.

Table 9: Conclusions reached in HTA products

Product	Question/issue	Conclusions	"In a word"
01 Islet cell transplantation	Is islet cell transplantation a standard of medical care for sub-groups of type 1 diabetes with severe hypoglycemia?	Islet cell transplantation is an evolving procedure with promising results but is not yet considered a standard of care for this group of patients.	Promising, efficacy not established
02 Surgical treatments for deep venous incompetence	Provide evidence regarding the short- and long-term efficacy/effectiveness of surgery for patients with chronic venous insufficiency	Procedures are relatively safe, evidence for their efficacy is inconclusive. Guidance from professional bodies, further research, recommended.	Safe, efficacy uncertain, guidance needed
03 Ovulation induction drug therapy	Which ovulation induction drug therapy could be a safe and effective procedure to manage anovulatory infertility associated with polycystic ovary syndrome in women of reproductive age?"	There is no clear answer as to which OI drug therapy is safest and most effective. OI drug therapy should be restricted to centres with appropriate expertise and equipment. OI drug therapy is associated with serious adverse effects	Comparative safety and effectiveness unclear, restrict use to expert centres

Table 9: Conclusions reached in HTA products (cont'd)

Product	Question/issue	Conclusions	"In a word"
04 Optical coherence tomography	Is OCT still considered experimental, and if not, are there conditions or restrictions for its use?	OCT in its current state of development is ineffective as a stand alone. Diagnostic test. Its value as part of a serial testing strategy and its clinical influence are unclear. Current evidence. Suggests it is a promising new diagnostic technology.	Promising technology, ineffective in current state of development
05 Sclerotherapy for varicose veins	Are there standards to determine when the treatment for varicose veins is considered medically necessary and when it is considered to be cosmetic? Is sclerotherapy effective as a medical treatment for varicose veins and, if so, is one approach more effective and for which group of patients (symptomatic, asymptomatic)? Are there new approaches or variations of sclerotherapy emerging?	No consensus on definition of varicose veins, optimal diagnostic procedures or treatment strategies. The role of sclerotherapy, particularly is not clearly defined. Specific criteria that differentiate between symptomatic and asymptomatic varicose veins are not clearly defined; no consensus regarding criteria to determine when treatment is medically required and when it is cosmetic. General agreement that treatment for telangiectasia and reticular varicosities is cosmetic.	Clinical criteria unclear, effectiveness not established

Table 9: Conclusions reached in HTA products (cont'd)

Product	Question/issue	Conclusions	"In a word"
06 Cannabis for non–malignant pain	What is the current evidence on the efficacy/ effectiveness of cannabis or cannabinoids for the management of non-malignant chronic pain, and the feasibility of their use patients in rural communities?	Efficacy and effectiveness in this application are not established. Access in regional communities may be prohibitive as there is no approved source of medicinal marijuana.	Efficacy not established, access uncertain
07 Botox type A injection for achalasia and anal fissure	The safety and efficacy of botulinum toxin type A (BTX-A) injection alone in patients with achalasia or with anal fissure when compared to other treatments or placebo	Its role in relation to other treatment options is still to be determined. Technology has unpredictable side effects, potential for development of tolerance, and short- to medium duration of effect requiring repeated injections.	Efficacy not established, safety concerns
08 Botox type A injection into the iliopsoas muscle	The efficacy/effectiveness and safety of botulinum toxin type A injection into the iliopsoas muscle for the treatment of various conditions.	Only weak evidence is available. No complications or adverse reactions were reported. Long term efficacy would need further study.	Appears safe, efficacy unclear
09 Adult–adult liver donor transplantation	Is adult to adult live liver donation considered experimental or is it a clinically proven procedure?	LDLT is still undergoing active development. Safety and efficacy relative to cadaveric liver transplantation and influence on liver transplant waiting lists are unknown. Accreditation criteria are needed to ensure the safe diffusion of this technique.	Safety and efficacy not established

Table 9: Conclusions reached in HTA products (cont'd)

Product	Question/issue	Conclusions	"In a word"
10 Cost estimation of stereotactic radiosurgery	What is the most cost-effective way to offer SRS services to those neurosurgical patients in Alberta who are appropriate for SRS? To provide cost estimates for three main SRS technologies: Gamma Knife (GK), CyberKnife (CK) and LINAC (Novalis®).	At 100 patients per year, average cost per patient in Alberta would be $14,567 for the Gamma Knife, $14,889 for Novalis, and $16,690 for Cyber Knife. The option of establishing a dedicated unit in Alberta should be considered. From a patient's perspective, SRS is about one sixth of the cost of microsurgery. From the societal perspective, the Novalis and Gamma Knife would be cost saving at 100 patients per year. However, at that level, there would be excess SRS capacity.	Cost saving compared to surgery, excess capacity for Alberta
11 Intraoperative MRI	Provide an overview of the use of real-time magnetic resonance imaging during interventional and surgical procedures with respect to safety, efficacy/effectiveness, cost, and utilisation within Canada. The report will assist in future planning decisions within a health region.	IMRI a high cost developmental technology. No major safety concerns to date. Effectiveness and cost effectiveness not established	Effectiveness and cost effectiveness not established

DISSEMINATION

Brief details of approaches taken to dissemination of HTA products are given in Table 10. Paper copies of all products were sent to the primary targets. Email copies were sent in three cases.

There was direct discussion with the primary target in four cases, with longer dialog in one of these. The TechNote on cannabis for non-malignant pain was said to be part of the Ambassador dissemination program, presumably related to a project being undertaken within CHR.

Wider dissemination was carried out via the standard HTA Unit circulation list, the AHFMR website, the HTA data base and the INAHTA website in many cases. There a presentation on one of the Information Papers and one of the HTA reports was followed up by a journal article.

As noted in the previous report, potentially this is an area that could be improved, with more active follow up, though this is not always easy to arrange and would place further demands on resources.

No reference is made to any involvement of AHFMR Communications in dissemination of HTA products.

Table 10: Approaches to dissemination of HTA products

Product	Primary target					Wider dissemination
	Paper	E mail	Discussion	Longer dialog	Person(s) responsible	
01 Islet cell transplantation	X	X	X	X	Authors, D Juzwishin, W McIndoo	Circulation list, newsletter, website,HTA data base INAHTA website Other (not specified)
02 Surgical treatments for deep venous incompetence	X				Authors, W McIndoo	Circulation list, newsletter, website,HTA data base, INAHTA website Other: Article published in peer reviewed journal
03 Ovulation induction drug therapy	X		X		Authors, W McIndoo	Circulation list, newsletter, website, HTA data base, INAHTA website Other: [manuscript submitted to journal]
04 Optical coherence tomography	X				Author, W McIndoo	Standard circulation list, newsletter, website
05 Sclerotherapy for varicose veins	X		X		Author, W McIndoo	Circulation list, newsletter, website, HTA data base, INAHTA website
06 Cannabis for non–malignant pain	X			Part of the Ambassador dissemination program	Other HTAU (not specified), W McIndoo	Circulation list, newsletter, website, HTA data base, INAHTA website
07 Botox type A injection for achalasia and anal fissure	X	X			Author, W McIndoo	Circulation list, newsletter, website, HTA data base, INAHTA website

Table 10: Approaches to dissemination of HTA products (cont'd)

Product	Primary target					Wider dissemination
	Paper	E mail	Discussion	Longer dialog	Person(s) responsible	
08 Botox type A injection into the iliopsoas muscle	X	X			W McIndoo	Circulation list, newsletter, website,
09 Adult–adult liver donor transplantation	X				W McIndoo	Circulation list, newsletter, website,
						Other – copy sent to a person who provided advice
10 Cost estimation of stereotactic radiosurgery	X				Author, Other HTAU (not specified), External to AHFMR (not specified), W McIndoo	Circulation list, newsletter, website, HTA data base, INAHTA website
11 Intraoperative MRI	X		X		Author, W McIndoo	Circulation list, newsletter, website, HTA data base, INAHTA website
					Don Juzwishin	Meeting – Calgary HR

INFLUENCE OF HTA PRODUCTS

Tables 11 – 15 give information related to the influence of the various assessment products. The responses from HTAU staff give useful impressions of the influence of the HTA program. In some cases, the impressions are informed by details from the survey of clients.

Areas of influence

No opinion on influence was available for the TechNotes on optical coherence tomography and Botox type A injection for achalasia and anal fissure. Indications of influence for the other reports are shown in Table 11. One product had no apparent influence. Six other products were at least considered by decision makers and in three cases conclusions or recommendations were accepted. Material from three products was incorporated into policy documents and three assessments were used as reference material.

Responses from the client survey are shown in Table 12. Respondents tended to tick more categories than did HTAU staff:

- HTA 33 – Ovulation induction - quite a good match, survey added "specific program requirements", HTAU had "administrative documents".
- HTA 31 – Islet cell transplantation - matched quite well
- TN 40 – Sclerotherapy –a reasonable match, the survey adds "recommendations accepted"
- TN 44 – Botox/iliopsoas muscle - HTAU had only "considered"
- TN 45 – LDL transplantation - HTAU had "no apparent impact", does not match survey
- TN 42 – Cannabis for non – malignant pain - survey adds " program requirements" - not clear what these could have been
- IP 17 - IMRI - HTAU had only "considered by decision maker"

Table 11: Areas of influence of HTA products

	No apparent influence	Considered by decision - maker.	Conclusions/ recommendations accepted	Technology met program requirements	HTA material incorporated into policy documents	HTA used as reference material	HTA linked to changes in practice
01 Islet cell transplantation		X	X		X		
02 Surgery for deep venous incompetence		X					
03 Ovulation induction drug therapy		X	X		X	X	
05 Sclerotherapy for varicose veins		X				X	
06 Cannabis for non–malignant pain			X				
08 Botox type A injection into the iliopsoas muscle		X					
09 Adult–adult liver donor transplantation	X						
10 Stereotactic radiosurgery						X	
11 Intraoperative MRI		X					

Table 12: Client survey responses: Nature of influence *

	Considered by decision-maker	Recommendations or conclusions accepted	Demonstrated that technology met specific program requirements	Material incorporated into policy or administrative documents	Information used as reference material	Linked to changes in practice	Other
01, 04, 07-09	✓	✓		✓	✓		
03 Ovulation induction drug therapy	✓	✓	✓		✓		
05 Sclerotherapy for varicose veins	✓	✓			✓		
06 Cannabis for non-malignant pain	✓	✓	✓				
11 Intraoperative MRI	✓	✓			✓		✓

* Table taken from R Thornley. HTA Unit client survey summary results. December 2004 (for complete summary see Appendix B)

Level of influence

Table 13 includes opinions of HTA Unit staff on the level of influence associated with nine of the HTA products and gives some supporting details. Opinion was not available for the reports on optical coherence tomography and Botox type A injection for achalasia.

The HTA report on ovulation induction therapy was thought to have had a major influence. Four reports were considered to have provided input to decisions and there was some consideration of two others. Two were thought to have had minimal influence. For adult–adult liver donor transplantation this opinion is consistent with that noted in Table 10, but for the report on cannabis it seems at odds with the reported acceptance of recommendations.

Table 13: Level of influence

	Opinion on level of influence				Details
	Minimal	Some consideration	Input to decisions	Major	
01 Islet cell transplantation		X			
02 Surgery for deep venous incompetence			X		
03 Ovulation induction drug therapy				X	HTA information was of importance in helping AHW formulate a position in regard to ovarian stimulation within the contexts of its use - management of ovulatory failure to facilitate conception and use in association with assisted reproductive technology.
05 Sclerotherapy for varicose veins		X	X		Originator of the request indicated that the HTA information was used in resolving the coverage issue.
06 Cannabis for non–malignant pain	X				
08 Botox type A injection into the iliopsoas muscle			X		
09 Adult–adult liver donor transplantation	X				
10 Cost estimation of stereotactic radiosurgery			X		AHW funding for some out of province treatments
11 Intraoperative MRI		X			Some consideration of information but there was the sense that a decision had already been made prior to the report being published.

Indirect influence

Table 14 gives information on indirect influences of six HTA products. With three of these there was some influence on other targets within Alberta, though the extent of influence seems unclear. The report on islet cell transplantation was used by an organization outside Alberta.

Table 14: Indirect influence of HTA products

	Other targets in Alberta	Broader influence
01 Islet cell transplantation		The Medical Advisory Secretariat, Ontario Ministry of Health and Long-Term Care quoted this report as a main reference in their report "Islet Transplantation"
03 Ovulation induction drug therapy		An information paper on this topic was prepared to include the detailed clinical input provided by a Canadian expert in this area
04 Optical coherence tomography	Enquiry from U of A about how to acquire an OCT unit that was prompted by their receiving the TechNote	
05 Sclerotherapy for varicose veins		An information paper on this topic was prepared to include the detailed clinical input provided by a Canadian expert in this area
06 Cannabis for non–malignant pain	This TN is being used as one of the evidence briefs for the Ambassador program and is provided to influence practice.	
11 Intraoperative MRI	Some consideration of report by Calgary Health Region; slides from presentation used as a reference at planning meeting.	

Survey opinions on level of influence

Table 15 compares opinions from HTAU staff with those from respondents to the survey. Comparisons are possible for seven of the 11 products.

The opinions on the report on Ovulation induction drug therapy match well, confirming the eventual success of this project after various delays. With the TechNote on sclerotherapy, HTAU opinion seemed more positive than that of the survey respondent. For the TechNote on cannabis there was a discrepancy, "minimal impact" from the HTAU response and "major influence" from the survey. This is explained by the survey respondent considering all the pain management publications, not the

specific report. Also, for the TechNote on liver transplantation the HTAU opinion of minimal influence compares with "some influence" from the survey. For the other three reports, "some influence" for survey responses more or less matches HTAU opinion.

Table 15: Comparison of opinion on influence of HTA products

	HTAU opinion	Client opinion *	Comments
01 Islet cell transplantation	Some consideration	Some influence	
02 Surgery for deep venous incompetence	Input to decisions	No response	
03 Ovulation induction drug therapy	Major	Major influence	Shift in topic from original client request
04 Optical coherence tomography	Not known	Some influence	
05 Sclerotherapy for varicose veins	Input to decisions	Some influence	
06 Cannabis for non–malignant pain	Minimal	Major influence	Client opinion referred to all the pain management products
07 Botox type A for achalasia, anal fissure	Not known	Some influence	
08 Botox type A, iliopsoas muscle	Input to decisions	Some influence	
09 Adult–adult liver donor transplantation	Minimal	Some influence	
10 stereotactic radiosurgery	Input to decisions	No response	
11 Intraoperative MRI	Some consideration	Some influence	

* Information taken from R Thornley. HTA Unit client survey summary results. December 2004 (for complete summary see Appendix B)

Types of decisions

Table 16 gives an indication of the types of decisions that were informed by the various HTA products, using categories from the current INAHTA project on impact of HTA. This draws on all available information and does not necessarily reflect the exact questions or issues that the HTA products were required to address. As with reports considered in last year's review, coverage decisions were the most common, related to nine products. In two cases there were decisions on guideline formulation. Capital

funding decisions, referral for treatment and indications for further research were each informed by one report.

Table 16: Types of decisions informed by HTA products

	Coverage decisions	Capital funding decisions	Referral for treatment	Program operation	Guideline formulation	Influence on routine practice	Indications for further research
01 Islet cell transplantation	X						
02 Surgical treatments for deep venous incompetence	X						
03 Ovulation induction drug therapy	X				X		
04 Optical coherence tomography	X						
05 Sclerotherapy for varicose veins	X						
06 Cannabis for non–malignant pain					X		X
07 Botox type A injection for achalasia and anal fissure	X						
08 Botox type A injection into the iliopsoas muscle	X						
09 Adult–adult liver donor transplantation	X						
10 Cost estimation of stereotactic radiosurgery	X		X				
11 Intraoperative MRI		X					

RESOURCES AND STAFF

Staff resources used for the eleven HTA products are summarised in Table 17.

Compared to the previous year, an additional AHFMR staff member was available to provide IS support, but non–AHFMR support in this area was still used for five products.

One person again provided other support, including formatting and editing of draft reports, for all the products. As noted in the previous report, this is a situation that has been with the HTAU for some time.

Four persons were used to provide internal review of draft HTA products.

Table 17: Staff resources used for HTA products

	HTA series	TechNotes	Information Papers
AUTHORS (Lead or sole authors indicated by *)			
C Harstall	1	1* + 1	
B Guo	1*		
P Corabian	1* + 2	2*	
A Scott	1* + 1	2*	1*
C Moga		1*	
A Ohinmaa			1*
INFORMATION SERVICES			
L Chan	1		
L- A Topfer	2	2	1
S Collins		4	1
OTHER SUPPORT			
W McIndoo	3	6	2
A Scott		1	
C Harstall	1	1	1
P Corabian		1	
(P Leggett Tait)		1	
INTERNAL REVIEW			
C Harstall	1	4	2
D Hailey	3		2
A Scott		1	
D Juzwishin		1	1

GOVERNANCE

No matters related to Governance were provided in the responses from HTA Unit staff.

SYNTHESIS

Table 18 brings together information given previously on issues addressed, policy areas, HTA findings and opinion on influence, to give some synthesis of overall activity.

These details give a general picture of the eleven HTA products and their influence. There is an overall indication of questions that were addressed, assessment findings and use made of these.

Table 18: Synthesis of HTA product activity

	Issue/ question	Type of decision	HTA finding	Opinion on influence	Survey opinion on influence	Detail
01 Islet cell transplantation	Whether a standard of medical care for sub-groups of persons with type 1 diabetes and severe hypoglycemia	Coverage decisions	Promising, efficacy not established	Some consideration	Some influence	
02 Surgical treatments for deep venous incompetence	Short- and long-term efficacy/ effectiveness	Coverage decisions	Safe, efficacy uncertain, guidance needed	Input to decisions	No response	
03 Ovulation induction drug therapy	Which OI therapy could be safe and effective for managing anovulatory infertility associated with polycystic ovary syndrome	Coverage decisions Guideline formulation	Comparative safety and effectiveness unclear, restrict use to expert centres	Major	Major influence	Change in focus of project as HTAU initiative
04 Optical coherence tomography	Whether still considered experimental. If not, whether conditions or restrictions for its use.	Coverage decisions	Promising technology, ineffective in current state of development	Not known	Some influence	

Table 18: Synthesis of HTA product activity (cont'd)

	Issue/ question	Type of decision	HTA finding	Opinion on influence	Survey opinion on influence	Detail
05 Sclerotherapy for varicose veins	Whether standards to determine when medically necessary. Whether sclerotherapy is effective; if one approach is more effective and for which group of patients	Coverage decisions	Clinical criteria unclear, effectiveness not established	Input to decisions	Some influence	
06 Cannabis for non–malignant pain	Efficacy/ effectiveness for management of non-malignant chronic pain, feasibility of use in rural communities.	Coverage decisions Guideline formulation Indications for further research	Efficacy not established, access uncertain	Minimal	Major influence	Survey response referred to other reports
07 Botox type A injection for achalasia and anal fissure	Safety and efficacy compared to other treatments or placebo.	Coverage decisions	Efficacy not established, safety concerns	Not known	Some influence	
08 Botox type A injection into the iliopsoas muscle	Efficacy/effectiveness and safety	Coverage decisions	Appears safe, efficacy unclear	Input to decisions	Some influence	

Table 18: Synthesis of HTA product activity (cont'd)

	Issue/ question	Type of decision	HTA finding	Opinion on influence	Survey opinion on influence	Detail
09 Adult–adult liver donor transplantation	Whether experimental or a clinically proven procedure.		Safety and efficacy not established	Minimal	Some influence	
10 Cost estimation of stereotactic radiosurgery	The most cost-effective way to offer SRS services to neurosurgical patients in Alberta; To provide cost estimates for three SRS technologies.	Coverage decisions Referral for treatment	Cost saving compared to surgery, excess capacity for Alberta	Input to decisions	No response	Influence incremental to that of previous reports on this technology
11 Intraoperative MRI	Safety, efficacy/ effectiveness, cost, and utilisation within Canada.	Capital funding decisions	Effectiveness and cost effectiveness not established	Some consideration	Some influence	Impression that decisions taken prior to completion of report

DISCUSSION

This paper gives a partial overview of HTAU activities in 2003 – 2004 and provides information on eleven HTA products. A full account of the Unit's work would need to consider a number of QwikNotes and educational products that were completed during the year.

The available information confirms the Unit's ability to take on and complete HTA projects on a range of topics.

Following last year's report, comments on important elements for an HTA program, as defined in HTA Initiatives #9, are as follows for 2003-2004:

- ***Need for HTA*:** The eleven products met demands from decision makers in Alberta. The health ministry was the main client. For some projects obtaining clear picture of the client's requirements seems to have been a challenge.
- ***Governance:*** No issues were identified this year.
- ***Efficiency*:** Efficiency in terms of handling TechNotes was satisfactory, particularly given the complex requests received in some cases. With the longer term, refereed products the Unit's performance was good, noting some delay with two reports that were due to external factors.
- ***Quality:*** No problems were noted, though this aspect has not been considered in detail.
- ***Coverage*:** A range of topics was addressed. There was a mix of follow up assessments and new topics. Coverage for non–ministry clients was limited, at least for the reports considered here.
- ***Influence*:** Most of the products appeared to have a useful influence on decision making, but two were judged to have had minimal impact. Responses from the client survey matched HTAU judgements to some extent. Such cross checking is likely to become more reliable and useful as formal follow up with clients becomes routine.

Points for further consideration in future management of the Unit are listed below. As with issues raised last year, some of them may need ongoing management rather than definitive resolution.

- *Allocation to series.* As discussed last year; it is still hard to discern why and when an HTA becomes something else.
- *TechNotes*. It was suggested last year that some of the projects in this area could be treated rather less urgently and developed as 'medium term' HTAs. Also, possibly the time has come to more clearly identify authors of TechNotes.

- *Timelines and project requirements*: Acceptability of very short timelines and complex project specifications from clients needs to be kept under review.
- *Time for review and production*: The time taken for review and printing of longer reports remains an issue to be monitored. The experience with one of the HTAs points to the need for realistically prompt responses from external reviewers.
- *Dissemination support*: The limited support from within AHFMR for dissemination activities appears to be a continuing limitation.
- *Support staff*: Support staff resources for the Unit continue to be modest.

APPENDICES

APPENDIX A: INFORMATION COLLECTION FORM

HTAU Profile, 2004

Title of report:		**AHFMR contact:**
FORMULATION OF THE QUESTION		
Origin of request:		
Date of request:	**Expected timeline:**	
What was the question/issue?		
Was there discussion to confirm issue/ approach?		
Any relationship to other reports (AHFMR or other?)		
HTA PRODUCT		
Type (series):	**Authors:**	
IS support:	**Other support:**	
Reason for this type (series) of report?		
Any external collaboration? (indicate who, why, role)		
Was collaboration through contract, other agency, free advice/ input, other?		
Start date:	**Review date:**	**Publication date:**
Approach [tick one or more]: - systematic review - narrative review - admin. data analysis - cost/ economic analysis - survey - other:	**Issues addressed [tick one or more]:** - safety - efficacy - effectiveness - economic influence - access - social - ethical - other:	**Internal review** **External reviewers:**

Report title		
DISSEMINATION		
Approach for primary target:	[ ] Mail paper copy [ ] E mail [ ] Face to face discussion [ ] Longer dialog [ ] Other	
Approaches for wider dissemination	[ ] Standard circulation list, newsletter, website [ ] HTA data base [ ] INAHTA website [ ] Media release/ conference [ ] Meeting / seminar [ ] Conference presentation Other	
Persons involved in dissemination	[ ] Author(s) [ ] Other HTAU [ ] Other AHFMR [ ] External to AHFMR	(Details)
GOVERNANCE, RESOURCES, STAFF & STRUCTURE		
Any information or issues regarding this HTA related to Governance (eg CEO, Board of Trustees, Minister), Resources, Staff and Structure of HTAU?		

Report title		
INFLUENCE		
Type(s) of decision informed by the assessment	[Tick one or more] 1. Coverage decisions 2. Capital funding decisions 3. Referral for treatment 4. Program operation 5. Guideline formulation/ influence practice 6. Indications for further research 7. Other	
General opinion on influence **(GIVE DATE FOR THIS ENTRY):**	1. Minimal 2. Some consideration of HTA 3. Some input to decisions 4. Major influence on decisions	**Was there any influence on the main target?**
What were main indications of influence?	[Tick one or more] 1. No apparent influence 2. HTA considered by decision - maker. 3. HTA recommendations/ conclusions accepted 4. HTA demonstrated that technology met specific program requirements 5. HTA material incorporated into policy or administrative documents 6. HTA information used as reference material 7. Other [please specify]	(Details)
Were there any indications of influence on other organisations or individuals?	(Details)	
Have there been any requests for follow up HTA work on this topic?		(Details)

APPENDIX B: HTA CLIENT SURVEY RESULTS

HTA CLIENT SURVEY RESULTS
2003-2004

Summary prepared by
Richard Thornley, Impact Analysis
December 2004

HTA UNIT CLIENT SURVEY SUMMARY RESULTS

The HTA client survey grew out of earlier impact analyses of HTA products, the 2002-2003 program profile by Dr. David Hailey, and the work of other agencies who have assessed the influence of their publications. The survey was initiated by the Coordinator, Impact Analysis as a supplement to the profile of the HTA Unit (see: http://www.ahfmr.ab.ca/hta/hta-publications/infopapers/ip16.pdf) prepared by the HTA Senior Advisor in Fall 2004.

While the earlier program profile included information on "impact" provided by the Unit's own researchers, the 2003-2004 iteration of the profile supplements this with client feedback, gathered from the survey. Rather than a detailed assessment, the client survey was structured as a "light" external validation of HTA staff members' perceptions of the influence of their reports. It was envisioned as a continuing quality improvement effort of AHFMR's HTA Unit, conducted in collaboration with the AHFMR's Impact Analysis Unit and the Senior Advisor to the HTA Unit. If useful, the survey can be implemented on a routine basis with particular classes of HTA products.

The purpose of the initiative was to get some sense of the influence of HTA products from the client's perspective. The major variables that were explored in the survey included:

- ★ The question(s) and issues that the requested assessment was intended to address.
- ★ The extent to which the assessment met the client's expectations.
- ★ The level and nature of the influence of the received assessment.

The survey and invitation letter were developed collaboratively by the Coordinator, Impact Analysis; Director and Assistant Director, HTA; and Senior Advisor, HTA. Questions reflected earlier impact analyses, the INAHTA impact framework, the template used in constructing the annual program profile, and a sampling of other related surveys from the Impact Analysis files. Feedback was solicited from a group of informed stakeholders; however, no feedback was forthcoming prior to the implementation date and the survey was fielded without such validation. Ethics review was sought from CREBA who responded as follows:

> "The Committee reviewed your project at its October 15, 2004 meeting. Their decision is that it is a quality assurance initiative rather than research and, therefore, does not require approval by CREBA. The Committee also advises that it found no ethical concerns with the project."

The survey focused on HTA Unit clients who received assessments from the Unit during the period April 2003 to March 2004. This amounted to seven individuals (see Table 1). Consent was implicit when the subjects agreed to respond to the invitation and introductory survey text (see Appendix 2) by completing the online survey. This reflected the standard practice of the AHFMR's Impact Analysis Unit in QI/program evaluation situations where electronic surveying is employed.

Invitations to complete the survey were emailed to the seven HTA requesters on November 25, 2004. Email reminders were sent to non-respondents on December 1, 2004 and the survey was closed on December 8, 2004. Survey data was collected by a web survey hosted through www.surveymonkey.com. Data was exported to an SPSS file on the AHFMR network for analysis (a private folder used only by the Coordinator, Impact Analysis). The data has been archived to CD and removed from the AHFMR network, and will be stored in a locked cupboard in the Impact Analysis Coordinator's office for a period of one year.

Seven HTA clients were surveyed and five responded. These seven clients were requesters of eleven reports; one client was a requester of five reports. This requester was provided with the option to report on each individual report but chose instead to provide one response which spoke to all five. Consequently, feedback was received for nine reports, although the feedback for five of those was general in nature and not specific to any one report.

Another requester reflected upon the totality of his experience with the HTA Unit over the course of several requests, rather than his experience with the preparation of the single product that was the focus in this survey.

In yet another case, the person originally defined by the HTA Unit as the requester of a report denied any knowledge of the report. Upon investigation, it appeared that a request from AH&W had led to discussions with the HTA Unit, with the question eventually becoming less relevant to the Department. The Unit, however, converted the project into a more specific, internally-driven project which was then later identified closely with interests of AH&W. Consequently, the AH&W contact in this later stage was invited to respond to the survey, even though he was not, technically, the requester of the product.

It is important to keep in mind, in reviewing these results, that there are many variables to take into account when judging the influence of an HTA product including the nature of the product itself, the nature of the requester and the request, and many other factors. Consequently, care must be taken not to over-interpret the results of this very simple survey of a small number of HTA clients. The primary value of the results is in their interpretation in discussion with the HTA Unit staff and comparison with the Unit's perceptions as reported to the HTA Scientific Advisor as part of the HTA program profile.

Table 1. Surveyed requesters

Organization	Department	HTA Title	ID
AH&W	Health Workforce Division	Several: Islet cell transplantation, Optical coherence tomography, Botulinum toxin type A injection for achalasia and anal fissure, Adult to adult living donor liver transplantation, Botulinum type A toxin injection into the Iliopsoas muscle	HTA31, TN41, TN43, TN44, TN45
AH&W	Innovation and Monitoring Branch	Ovulation Induction Drug Therapy for Anovulatory Infertility Associated with Polycystic Ovary Syndrome	HTA33
AH&W	Innovation and Monitoring Branch	Sclerotherapy for Varicose Veins of the Legs	TN40

Organization	Department	HTA Title	ID
Capital Health	Office for Health Innovation	Interventional and Intraoperative Magnetic Resonance Imaging	IP17
AH&W	Out of Country Health Services Committee Appeals	Surgical Treatments for Deep Venous Incompetence	HTA32
AH&W	Out of Province/Out of Country Special Programs	Cost Estimation of Stereotactic Radiosurgery	IP14
Calgary Health Region	Chronic Pain Centre	Use of Cannabis or Cannabinoids for Non-Malignant Chronic Pain	TN42

Note: Shading indicates that the individual responded to the survey.

Table 2. What question was the report intended to address?

ID	Question
HTA31, TN41, TN43, TN44, TN45	The report is to address the status of a procedure—whether it is an acceptable procedure or whether it is still in research phases.
HTA33	Role of drug therapy in ovulation induction to help inform decision on public funding
TN40	1. Is there a widely accepted medical standard/criteria, which sets out when treatment for varicose veins is deemed medically required, and when it is considered cosmetic in nature? If such a standard/criteria exists, on what basis is the distinction made? 2. Is sclerotherapy considered an effective, generally accepted method and standard of care for the medical treatment of varicose veins? If so, what is the supporting medical evidence? Are there comprehensive controlled clinical studies of sclerotherapy as a treatment modality for varicose veins and, if so, what is the consensus/conclusion of these studies? 3. With respect to ultrasound guidance sclerotherapy, foam sclerotherapy and ultrasound sclerotherapy, do these have acceptance by the medical community as a standard of care for the treatment of varicose veins? If so, what is the supporting medical evidence? Are there controlled clinical studies of these as treatment modalities for varicose veins and, if so, what is the consensus/conclusion of these studies? What are the differences in these procedures? 4. Are there specific sclerotherapy treatments for asymptomatic veins versus symptomatic veins? Some practitioners have indicated that they use foam only for symptomatic veins and other sclerosing agents for asymptomatic veins. 5. Are there additional forms/variations of sclerotherapy emerging, other than the ones indicated in question 3, which we should be aware of? If so, please provide us with a brief overview.
IP17	To provide an overview of the use of real time MRI during interventional and surgical procedures with respect to safety, efficacy/effectiveness, cost and utilization in Canada. This information was requested to assist Capital Health in future planning decisions on interventional/intraoperative MRI capacity within the health region.
TN42	Prevalence of chronic pain. Treatment effectiveness of the other types of interventions assessed in the reports

Table 3. What issues was the report intended to address and, in your opinion, how well did the report address these issues?

ID	Safety	Efficacy/ Effectiveness	Economic Impact	Access	Social	Ethical	Other
HTA33	very well	very well	well enough	well enough	well enough	well enough	very well
IP17	very well	well enough	well enough	-	-	-	very well
HTA31, TN41, TN43, TN44, TN45	-	well enough	-	-	-	well enough	-
TN40	very well	very well	-	-	-	-	-
TN42	well enough	very well	well enough	well enough	-	-	-

Note: "-" means "not applicable".

Of the five requesters who responded to the survey, four reported that the products they received met the requirements that they had established with the HTA researcher at the project's outset. For one requester, the HTA product reportedly only partially met their requirements. However, this requester explained the situation as:

> "Because this application … is relatively new and developmental, there were few comparative studies available to use as a basis for conclusions re: applicability, cost effectiveness, and efficacy. This is not an uncommon situation when requests for HTAs are submitted for new/emerging technologies."

The requesters whose requirements had been met commented:

> "It provided sufficient information to make a decision on whether to publicly fund a procedure."

> "The initial questions previously cited in this regard were evaluated by the assigned HTA researcher. Subsequently, the researcher followed up with an expanded list of clarification questions based on an interpretation of what we were requesting to be addressed contained in our initial questions. We were then asked to confirm that the expanded list of questions was in line with what we wanted out of the research. We confirmed that the expanded questions more than adequately covered the parameters of our inquiry. The subsequent report produced effectively covered the bases."

> "The HTA unit established an information sharing committee that worked vigorously over 2 years to insure that the reports met our needs. It was a most effective and inspiring process in that we have chosen to continue working together on subsequent projects!"

Requesters were asked if the services of the HTA Unit had met their expectations. Four reported "yes" and one requester reported "partially." This latter requester commented:

> "It took a long time to receive the final report however, the quality of the report was excellent."

Comments by other requesters were as follows:

> "The fact that the researcher took the time to analyze and expound on our initial broad-based questions, and asked for confirmation that the interpretation of the initial questions was correct, ensured we received the information we were seeking with respect to this particular issue."

> "It exceeded my expectations. The Director and researchers devoted a great deal of energy to the project and spared no effort to teach the clinical members of the information sharing committee about the nuances of high quality HTA research."

Two of the requesters also referred to their responses to the previous question (i.e., the extent to which their requirements had been met).

Table 4. Level of influence

ID	At the time you initially requested this report from HTA, what influence did you expect the report to have within your organization?	Now, approximately six months after having received your HTA report, what influence did it have within your organization?
HTA33	some influence	major influence
IP17	some influence	some influence
HTA31, TN41, TN43, TN44, TN45	some influence	some influence
TN40	major influence	some influence
TN42	some influence	major influence

Table 5. Nature of influence

	Considered by decision-maker	Recommendations or conclusions accepted	Demonstrated that technology met specific program requirements	Material incorporated into policy or administrative documents	Information used as reference material	Linked to changes in practice	Other
HTA33	✓	✓	✓		✓		
IP17	✓	✓			✓		✓
HTA31, TN41, TN43, TN44, TN45	✓	✓		✓	✓		
TN40	✓	✓			✓		
TN42	✓	✓	✓				

Note: The one requester who indicated that the HTA product had an "other" influence commented: "HTA influenced specific service planning and equipment purchasing decisions."

All five requesters indicated that the HTA report had the potential to influence their organization in future. Comments were as follows:

> "Some of the reports have been reviewed but no decision made on whether to alter the current policy/practice to pay for these services or not. These reports will be used in the future to review our position/policy."
>
> "The HTA Unit has been working with myself and other colleagues … on further systematic reviews and dissemination of research evidence. This will be incorporated into the strategy for improving quality of practice in both tertiary and primary care in our health region."
>
> "This report has been used to assist with short term decision making and will be referenced in future as we move forward with planning for provision of this specialized

> high cost technology to augment other complex service priorities in the region and for the province."
>
> "The issue of emerging health technologies is expected to become more pronounced in future. Access to high-quality, reliable and sound assessments of these technologies will become even more important in future as a component of the decision-making process for determining the insurability of such services by [the organization]."

Other comments made by requesters were as follows:

> "The unit is very well managed and clearly goes to great lengths to meet the needs of its clients."
>
> "As with all my previous experiences with HTA, the bases are always well covered and staff always goes the extra mile to meet the research needs of their client."
>
> "HTA provides detailed information that is very useful. I appreciate that they try and meet our timelines, which are often very short."
>
> "This report also pointed out the need for further research in the areas of applicability, cost effectiveness, and health outcomes associated with the use of this technology. It is suggested that [the organization] and the HTA Unit explore ways to work together to facilitate relevant research so that [the organization's] future experience with [the technology] can contribute meaningfully to the body of knowledge in this area."

All five requesters indicated that we could contact them for additional information, should such be necessary.

APPENDIX 1: INVITATION LETTER

[DATE] e-mail to: richard.thornley@ahfmr.ab.ca

File: [FILENAME]

[NAME OF HTA CLIENT]
[ADDRESS OF HTA CLIENT]

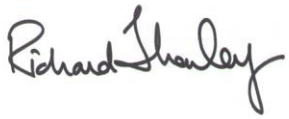
Dear [NAME OF HTA CLIENT]

The Health Technology Assessment Unit (HTAU) of the Alberta Heritage Foundation for Medical Research (AHFMR) is interested in assessing the Unit's services and your satisfaction with those services on an ongoing basis. As part of this assessment we are instituting a survey of all HTAU clients for whom we have completed projects. I am contacting you because the Unit prepared the report [NAME OF REPORT] for you on [DATE]. To help us understand the influence of HTAU reports and your expectations as clients, we would appreciate if you would complete our brief online survey. The survey will take approximately 15 minutes to complete. If you find any of the questions on the survey difficult to answer, please feel free to consult with others from your organization who might be better able to answer these questions.

The information you share with us will be compiled with that of other respondents to inform the HTA Unit's quality improvement initiatives. Individually-identifiable elements of responses may be shared with the HTAU as part of this process, may appear in the Unit's annual program profile, and will be shared with the Consultant engaged to prepare the profile. This assessment has received ethics approval from the Community Research Ethics Board of Alberta.

The collection of this information is authorized under Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act. Information that you provide to us will be protected by the provisions of this Act. If you have any questions about the collection or use of this information, please contact Dr. Jacques Magnan, Vice President, Programs, AHFMR at (780) 423-5727 or jacques.magnan@ahfmr.ab.ca. You are under no obligation to participate in this initiative and your participation will in no way influence your relationship with the HTA Unit. However, if you can participate, we greatly appreciate your feedback and insights.

Sincerely,



Richard Thornley
Coordinator, Impact Analysis

APPENDIX 2: AHFMR HEALTH TECHNOLOGY ASSESSMENT CLIENT SURVEY

The survey content (although not its formatting from the online version) is reproduced below.

1. Introduction

Dear Health Technology Assessment client:

The Health Technology Assessment Unit (HTAU) of the Alberta Heritage Foundation for Medical Research (AHFMR) is interested in assessing the Unit's services and your satisfaction with those services on an ongoing basis. As part of this assessment we are instituting a survey of all HTAU clients for whom we have completed projects.
To help us understand the influence of HTAU reports and your expectations as clients, we would appreciate if you would complete our brief online survey. The survey will take approximately 15 minutes to complete. If you have requested multiple reports from the Unit in the past twelve months it is possible that you will have received multiple invitations to complete this survey. Please complete one survey for each report that you requested from the HTAU and received within the past twelve months. If you find any of the questions on the survey difficult to answer, please feel free to consult others from your organization who might be better able to answer these questions.
The information you share with us will be compiled with that of other respondents to inform the HTA Unit's quality improvement initiatives. Individually-identifiable elements of responses may be shared with the HTAU as part of this process, may appear in the Unit's annual program profile, and will be shared with the Consultant engaged to prepare the profile.

The Community Research Ethics Board of Alberta has found no ethical concerns with the project. The collection of this information is authorized under Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act. Information that you provide to us will be protected by the provisions of this Act.

If you have any questions about the collection or use of this information, please contact Dr. Jacques Magnan, Vice President, Programs, AHFMR at (780) 423-5727 or jacques.magnan@ahfmr.ab.ca. You are under no obligation to participate in this initiative and your participation will in no way influence your relationship with the HTA Unit. However, if you can participate, we greatly appreciate your feedback and insights.

Sincerely,
Richard Thornley
Coordinator, Impact Analysis
Alberta Heritage Foundation for Medical Research

2. Identification

The questions below are to confirm that you are an HTA report requester.

1. First Name

* 2. Last Name[1]

3. Organization

4. Section or Department:

* 5. What was the title of the report that you requested from the HTA Unit?

3. Issues

* 6. What question of yours was the report intended to address?

7. What issues was the report intended to address, and in your opinion, how well did the report address these issues? (Check N/A if the report was not intended to address that issue.)

	Not at all	Not very well	Well enough	Very well	Don't know	N/A
Safety	☐	☐	☐	☐	☐	☐
Efficacy/effectiveness	☐	☐	☐	☐	☐	☐
Economic impact	☐	☐	☐	☐	☐	☐
Access	☐	☐	☐	☐	☐	☐
Social	☐	☐	☐	☐	☐	☐
Ethical	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

4. Requirements and Expectations

8. Did the content of the HTA report meet the requirements that you established with the HTA researcher at the project's outset?

☐ Yes
☐ Partially
☐ No
☐ Don't know

9. Please explain your answer to the previous question.

10. Did the service provided by the HTA Unit meet your expectations?

☐ Yes
☐ Partially
☐ No
☐ Don't know

11. Please explain your answer to the previous question.

[1] Questions marked with an asterisk (*) require a response before the respondent can proceed to the next section.

5. Influence

12. At the time you initially requested this report from HTA, what influence did you expect the report to have within your organization?

☐ Minimal or none
☐ Some consideration of HTA report
☐ Some influence on decisions
☐ Major influence on decisions
☐ Don't know

* 13. Now, approximately six months after having received your HTA report, what influence did the report have within your organization?

☐ Minimal or none
☐ Some consideration of HTA report
☐ Some influence on decisions
☐ Major influence on decisions
☐ Don't know

6. Nature of Influence

14. Please indicate the nature of the influence that the HTA report has had within your organization. (Please check all that apply.)

☐ HTA considered by decision-maker
☐ HTA recommendations or conclusions accepted
☐ HTA demonstrated that technology met specific program requirements
☐ HTA material incorporated into policy or administrative documents
☐ HTA information used as reference material
☐ HTA linked to changes in practice
☐ Other (please specify)

7. Conclusion

15. Do you believe that the HTA report will influence your organization in the future?

☐ Yes
☐ No
☐ Don't know

16. Please explain your answer to the previous question.

17. Is there anything we have forgotten to ask, or do you have any other comments to share with us?

18. May we contact you for further follow up, if necessary?

☐ Yes
☐ No

Thank you for your feedback!

REFERENCES

REFERENCES

1. Hailey D. *Profile of an HTA program*. The AHFMR Health Technology Assssment Unit, 2002–2003. Edmonton: Alberta Heritage Foundation for Medical Research. Information Paper, February 2004.
2. Hailey D. *Elements of effectiveness for Health Technology Assessment programs*. Edmonton: Alberta Heritage Foundation for Medical Research. HTA Initiative #9, March 2003.
3. Thornley R. *HTA Unit client survey summary results*. Edmonton: Alberta Heritage Foundation for Medical Research. Impact Analysis Internal AHFMR paper, December 2004.